Developments

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Introduction

You could say that environmental scanning is something that is done, informally, by almost anyone who has a passion for the addictions field, whether in discussions with colleagues, in reading professional journals or in following media reports related to their work. Environmental scanning is the gathering of information that helps us to construct a picture of the future so that we can prepare to some extent for the demands that are likely to arise. Forewarned, we are ready to act when change arises.

Although we can be quite certain that addiction prevention and treatment will continue to be needed, we can also be certain that there will be some change in the exact form addiction takes (types of substances or processes to which people become addicted) and in the specific characteristics of the people whom we are trying to help.

In this issue of *Developments*, we share the results of an AADAC exercise in environmental scanning. In addition to the usual sources (research studies; news articles; local, national and international reports; and other environmental scans), AADAC collected the views, impressions and knowledge of the commission's own employees. Staff comments often reinforced the information gathered externally, giving us a more vivid picture of present trends than second-hand sources are able to. The words of AADAC employees are interspersed throughout this issue.

Trends: People

Alberta has the fastest growing population in Canada, 2.5 times the Canadian average. The 2005 population is estimated at 3.3 million; by 2015 this should be 3.8 million.[1] Most of this growth is the result of three factors: a rapidly growing Aboriginal population, migration from other provinces, and immigration.

The aging population

Alberta has the youngest population among Canadian provinces, but we share with all developed nations the prospect of a greater number of senior citizens. This presents both challenges and opportunities. The senior population is likely to be healthier than previous generations of seniors, and there may be a greater opportunity for other Albertans to benefit from the wisdom and compassionate attitudes that they may have acquired.

On the other hand, we must also prepare to meet the specific needs of seniors. As individuals, seniors have been less likely than the general population to need our services: less likely to

experience problem gambling,[2] less likely to consume alcohol, tobacco and other drugs.[3] However, the increase in sheer numbers of senior citizens will make them a very important part of the client population. The number of senior citizens in Alberta will increase 50% by 2016, a bigger increase than is expected in any other age group.[4] Since seniors use more prescribed drugs than any other age group, addiction agencies must be prepared to see more problems with abuse of prescription drugs and with abuse problems complicated by the presence of other prescription drugs. Detoxification centres may need to prepare to deal with more drug interactions as they aid patients who use many prescriptions therapeutically.

Cultural diversity

"Society is becoming more culturally diverse. This trend means access issues for First Nations and other cultures will need to be addressed. Becoming better trained to reach [a] culturally diverse community [will become a priority]." (AADAC staff input)

The Aboriginal population in Alberta as in the rest of Canada is younger and is growing faster than is the general population. In 2001, there were 156,200 Aboriginal people in Alberta, making up close to 5% of the population.[5] The number is predicted to increase to 203,300 by 2016.[6] Education levels and employment rates are lower among Aboriginal people, while rates of poverty are higher. As expected under these conditions, the Aboriginal population has elevated rates of all types of substance abuse (alcohol, tobacco, illicit drugs, prescription drugs, and solvents), poly-drug use, and problem gambling.

Alberta has the largest Métis population in Canada (over 20% of the entire Canadian Métis population),[5] and AADAC staff report that there is a need for addiction-related resources that are specific to the Métis culture.

Alberta has the third highest proportion of immigrants in Canada, and most immigrants and visible minorities live in Alberta's two largest cities, Calgary and Edmonton.[7, 8] Among recent immigrants, rates of poverty and unemployment are higher than those of the general population.[9, 10]

With these trends in mind, one AADAC staff member commented, "Programs will need to be sensitive to cultural uniqueness and post-traumatic stress in immigrants, or loss of culture [and the] impact of assimilation."

Public attitudes and policies

AADAC staff note that there is an increase in community involvement in prevention of substance use, citing specifically the trend to establish municipal drug strategies and community capacity building programs. Staff see an increased demand for harm reduction strategies such as the decriminalization of marijuana nationally and the safe injection sites available in British Columbia. Not all members of the public support harm reduction, however, and raising the profile of harm reduction is likely to generate increased debate on the subject.

Observers note a general softening of attitudes toward alcohol, cannabis, LSD and cocaine.[11] Today's youth see fewer dangers in substance use than previous generations did. This is especially true for cannabis: teens consider cigarettes more harmful than marijuana.[12] Says an

AADAC staff member, "We see more youth who do not smoke tobacco while still committing to marijuana."

This decreased tolerance of tobacco use is reflected also in government policy: through most of Canada there is a movement towards comprehensive provincial and federal tobacco control programs and policies and increased regulation of tobacco companies.[13]

The economy

"In our booming economy, employers are seeking ongoing information on alcohol, drugs and gambling as [their use] relates to the health, safety and productivity of their employees." (AADAC staff input)

The booming of the Alberta economy is central to many of the economic trends that concern addictions workers.

Alberta has the lowest unemployment rate in the country,[14] but also the lowest rate of high-school students moving to post-secondary education, perhaps because in a booming resource-based economy it is easy to find a well-paid job that requires little education.

This has two possible implications for addiction. First, resource-based jobs are among those associated with the highest rates of substance use. Second, the Alberta boom economy may well be followed by a bust, as it has in the past. What will happen to young people who miss their chance at higher education and lose their jobs in the next bust?

Canadians are seeing an increasing gap between rich and poor.[15, 16] This is likely to continue as those with less money are less likely to acquire the skills needed to adapt to technological change. As the World Health Organization has noted, poverty and social exclusion increase the risk of addiction.[17] For Alberta, this is significant for several reasons. This is the province with the highest rates of low-income intensity: 10% of two-parent families and 29% of lone-parent families live below the so-called Market Basket Measure (that is, the income required to purchase a "market basket" of necessary goods and services). Alberta has a relatively high Aboriginal population, and Aboriginal people are more likely to have lower incomes and to experience social exclusion. New immigrants and young men are also likely to have lower incomes. Alberta's rich resource-based economy attracts both these groups.

As low-income populations grow, one AADAC staff member expects "greater demand for aftercare services, [helping clients to find] mental health, financial, housing, and employment support."

Technology

AADAC employees have observed that young Albertans are increasingly more interested in doing their own research online, and that youth actually prefer this mode of access to information about alcohol, other drugs and gambling. At the same time, as one staff member comments, "Many of our clients do not have access to the Internet, nor do they have computers and we anticipate [continuing] demand for hard copy information."

Advances in information technology mean increased expectations that may escalate the pace

of work, notes another AADAC employee: "No matter which type of service clients seek, they will expect an immediate response and for service to be immediately accessible." The sheer volume of information available online means that addictions workers need strategies to manage that information. The volume of electronic documents and records will require improved records management systems.

There is obviously great scope for new ways for addiction agencies to disseminate information and service. AADAC staff cite the possibility of online seminars and distance collaboration with other agencies.

AADAC staff predict that there will be an increase in requests to treat addiction to the Internet itself. The Internet may also sponsor increased problem gambling, since gambling is increasingly available online, offering ease of access and anonymity in an unmonitored environment.

Trends: Modes of Use

Society is increasingly accepting the use of a variety of drugs such as alcohol, antidepressants and minor tranquillizers to alleviate the stress of daily life and prevent illness.[18, 19] This is especially true for younger generations.[20, 21] Medical use of addictive painkilling drugs may rise as those with chronic diseases live longer and as the population ages.[22]

It is difficult to predict sudden small-scale use of dangerous drugs like the recent increase in use of methamphetamine, but the majority of clients will continue to need help with a familiar list of substances. The most common substances used by adolescents and young adults are alcohol, tobacco and cannabis,[11, 12] and their use patterns foretell the addiction patterns of the future.

Alcohol is predicted to persist as the most frequently used substance and, compared with other substances, will continue as one of the greatest contributors to morbidity and mortality globally. Given a strong economy and high disposable income, per capita consumption of alcohol may be expected to increase in Alberta.[23, 24, 25]

Illicit drug use is lower than in the 1970s and 1980s, but cannabis use is on the rise among youth. Cannabis is the most widely consumed illicit drug worldwide, as it is among youth in Canada. Anecdotally, AADAC staff report an increase in poly-drug users, and a small trend towards cocaine use among 14- and 15-year-olds. One staff member reports children using drugs as early as 11 to 13 years of age. Staff offer conflicting opinions on illicit drug use, some feeling that a "bad street rep" will cause a decline in use of crack and the amphetamines while others feel that methamphetamine in particular will continue to be a concern. The media warn of new synthetic drugs available on the Internet,[26] and an AADAC staff member believes that "there will always be a trend towards some designer drug or other."

Tobacco use trends are uneven across demographic groups. Overall, smoking shows the lowest prevalence since monitoring began in 1965, but 30% of young adults aged 20 to 24 are smoking with use rising among females in that age range. Canadians will continue to see the results of an Ottawa court ruling that an Ontario waitress must be given Workers' Compensation for the lung cancer she developed as a result of exposure to second-hand

smoke: one might expect to see an increase in bans on smoking in the workplace and a consequent increase in the number of smokers planning to quit.[27]

Gambling continues as a growth industry in Canada and Alberta, with a wide range of gambling activities available and increases in gaming venues. Internet gambling is a concern: The number of gambling websites continues to grow. When these sites are registered in other countries, Canadian governments are unable to regulate their operation. Young people are the group most comfortable with seeking entertainment on the Internet, and those who begin gambling in their formative years may present with severe problems early in adulthood. One AADAC staff member foresees the need to train addiction workers to deal specifically with Internet gambling as prevalence of this type of gambling rises.

Trends: Modes of Treatment

The Internet will have an effect on treatment, as it has on modes of use and dissemination of addiction-related information. AADAC staff note the increasingly "wired" world has resulted in a change in public attitude: There is greater demand for instant response to communications and requests for service.

Some staff also wonder about the possibility of delivering counselling over the Internet. Many websites already offer "cybercounselling," whether the goal is to lose weight, to recover from mental illness, or to overcome an addiction. There is little research to support the effectiveness of cybercounselling, but should such support be found, the public may demand this option.

Given the propensity of youth to seek services on the Internet, cybercounselling could help addiction counsellors expand their reach and intervene earlier. Widely recognized but little discussed is the phenomenon of "self-changing," where people with addiction problems find their own way to recovery. The Internet offers addiction agencies the chance to provide self-changers with reliable information, tested strategies, and other support.

Biomedical research is also likely to affect treatment. We can anticipate more drugs being developed to assist in treating addictions. It is unlikely that most addiction agencies would offer therapy that is exclusively based on pharmaceutical intervention, as researchers generally acknowledge that addiction has many components beyond the biological.

There is current and ongoing concern about co-occurring substance use and mental illness (such as eating disorders, personality and mood disorders, or more severe illnesses such as schizophrenia). This complex issue is likely to continue to grow in importance and produce closer co-operation between mental health and addictions workers, eventually leading to a demand for expanded training for both professions. Predicts one AADAC staff member, "It will become a 'best practice' to provide addiction treatment concurrently with treatment and support for mental illness. Addictions counsellors will be required to become trained in treating both illnesses."

AADAC staff also predict "increased emphasis on harm reduction as a viable model for treating addictions" and identify a specific trend already manifesting in Alberta: the demand for better access to methadone treatment for people with addictions to opioid drugs.

Conclusion

AADAC's service area exists in the context of a rapidly changing world. But it consists of a region and a people that are undergoing even greater change than most. With the high need for more workers already present as Alberta's oilsands production expands, there is no doubt that there will be brisk population growth, and a change in the composition of the population. Immigration can be anticipated, and thus the need for culturally sensitive programs. That we as addictions workers will have to learn and learn quickly is a given. Careful monitoring of the environment in which we operate will allow us to direct that learning so that we can continue to deliver optimal service for Albertans with addiction concerns.

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Featured AADAC Resource

Relapse Prevention: Planning for Success

Part of the AADAC Addictions Recovery series, this 26-page handbook is packed with information and practical ideas that will help people in recovery understand and avoid relapses. It is ideal for use in day or residential treatment programs, as

well as individual, family or group counselling sessions. The handbook explains in non-judgmental terms how and why some people relapse, and offers helpful suggestions for managing stress, dealing with cravings, and identifying danger signals and high-risk situations. It also provides an outline to guide readers in developing their own relapse prevention plan. Although the handbook is intended mainly for people in recovery, it can be used by anyone interested in learning about relapse and how to avoid it.

Other titles in the Addictions Recovery Series include

- *Alcohol Withdrawal*
- *Nutrition and Recovery*
- *Leisure and Recovery*
- *Parenting in Recovery*
- *Help Others-Help Yourself: When Someone You Love Is Addicted*
- *After Treatment: How to Support Someone in Recovery*

Single copies of these booklets are available free to Albertans from your local AADAC office. For those outside Alberta, or Albertans wishing multiple copies, the cost is $40 per package of 50 (plus GST, shipping and handling); please order through AADAC Resource Development, Suite 200, 10909 Jasper Avenue, Edmonton T5J 3M9, phone toll-free 1-800-280-9616, fax 780-422-5237, e-mail rdm@aadac.gov.ab.ca, or use our convenient online resource catalogue.

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